6	1.	tem #5 per phon FOR 1/3/83 rc STATE 1/3/83 rc REGISTRAR	e call w		ENT OF HEAL	MARYLAND TH AND MENTAL HYG LTE OF DEATH	IENE 8 2	NO.	3 2	17,4
. pe		CEASED NAME FIRST CORPRINT) Kathleen		DOLE	Barre t	t	2a. DATE OF DEATH	_	DAY YEAR	2b. HOUR
ge 4 moy	3. SE	x Female	White		5. DATE OF B MONTH 10	1892 18 1882	6. AGE (IN YEARS LAST E		IF UNDER 1 YEAR	IF UNDER 24 HRS
deoth. Page	has	Maryland	76. CITIZEN OF W		MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY Ceci	_	Y OF DEATH	MD.
offer d		ising Sun				ther institution g Sun, Md	17a. USUAL OCCUPA (TYPE OF WORK FOR MOS Sewing	OF WORKING L	IFE) INDUSTRY	r (Garme
YLAND 2120 ithin 24 hour lely filled in 2 shorld be	130	ATHER'S NAME	ecil	Rising	Sun Y	MOTHER'S MAIDEN NA				
ore, MAR and completed will discollar and di		Alman WAS DECEASED EVER IN U.S. AR	MED FORCES?	EUSON 166. SOCIAL SECUR	RITY NO. 17	Elizebe INFORMANT	th ADD	RESS 340	Ferg	uson comery k d
TIMO	L	no –				irs. John	Kyle, Jr	. Ri	sing S	un. Md.
PRESTON ST., BAI the death certificate the attending physic move carbanpape mation, or removal.		Conditions, if any, which gave rise to immediate	DUE TO, OR	AS A CONSEQUE	MIL X	und for	iline		BETWEEN ?	MATE INTERVAL ONSET AND DEATH
RECORDS, 301 W. Ibw requires that the same signed by the remit. Then please reprior to burial, cre by injury, or other same same signed.	CERTIFICATION	cause (a), stating the underlying cause last. PART 2: OTHER SIGNIFICANT ((c)CONDITIONS <u>CO</u>	AS A CONSEQUENTRIBUTING TO D	EATH BUT NO		200 AUTOPSY?	20b. IF YE	VEN IN PART IN	NGS USED
VITAL N: The ysicion cote he ronsit p Hygien Hygien		7)a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [(IF EITHER, NOTIFY MEDICAL EXAMINER		. MONTH DA	Y YEAR 19	t. HOW INJURY OCCURE	YES NO		PART 1 OR PART 2)	№ □
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, FA		LOCATION	CITY ORT	own 	COUNTY	STATE
PIV R ATTENDING hospital or ott RECTOR, Affer red for use os th ppt, of Health o		220.1 certify that (1) (this hasp saw the deceased alive an abave, (1) (we) (did) (did no	12-	10 8		at in (my) (aur) apınian d	death occurred an the	date and ha		
te per		27b. SIGNATURE	Paylor	10-	MO	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	22c. DATE	SIGNED 10-82
TO HOSPITAL of retoined by the TO FUNERAL I should be detoined by the Store I MPPORTANT: If		22d. PHYSICIAN'S NAME (TYPE O		トゴル.	MP	ADDRESS INQ	Sun,	MS	•	
5 5 7 8 7 7	23a. (BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE			tery or crematory	23d. LOCATIONI CITY OR TOWN	- C	COUNTY	STATE
DHMH-16 60M 1/73 (VR A 15 (4))	24 F	UNERAL DIRECTOR	uneral	ADDRESS Home Ri	ging	Sua Ma DE	REC D. BY REGISTRA C 1 5 1982	R 25h REGIS	TRARS SIGNA	URE

man ricramed, our interest of the second of Marie Marie State Co. S. J. 1977 St. L. C. Teller to the second of the se The Lagrange State of the state The state of the s

Burial

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2a DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

DAY	YEAR	2b HOL	JR
-/8	2	34	10
IF UN	DERIYEAR	IF UNDER	24 HR
MONIH	DATS	HOURS	MIN

BONT 5- 70894 YEAR

BIRTH

MARRIED NEVER MARRIED

WIDOWEDJE DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

IS MOTHER'S MAIDEN NAME

(TYPE OF WORK FOR MOST OF WORKING LIFE) Teacher

9 BALLIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR Education

21921 13e STREET ADDRESS 1335 E. Old Phila. Rd.

Barton

Elkton

MIDDLE

166 SOCIAL SECURITY NO

Louise 17. INFORMANT

Lambert Old Phila Rd.

LAST

228-44-1018 Ella L. Wilson 18 CAUSE OF DEATH (Enter only one couse per lyge for (o), (b), and ic

Kespiralore

DUE TO, OR AS A CONSEQUENCE OF

Carcinoma & metastasis

200 AUTOPSY?

NOF

CITY OR TOWN

Elkton. Md. 21921 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

YES |

IN CERTIFYING CAUSES OF DEATH?

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR P.M

19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21£ LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

COUNTY STATE

NO F

sow the deceased alive an 12.14. above. (1) (we) (did) (did nat) view the bady after death.

14. 19 52, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated Sachder

DEGREE

ATTENDING MEDICAL PHYSICIAN 22e ADDRESS

STAFF DIRECTOR PHYSICIAN 22c DATE SIGNED

Va.

23c NAME OF CEMETERY OR CREMATORY RUssell Memorial

12, 12,

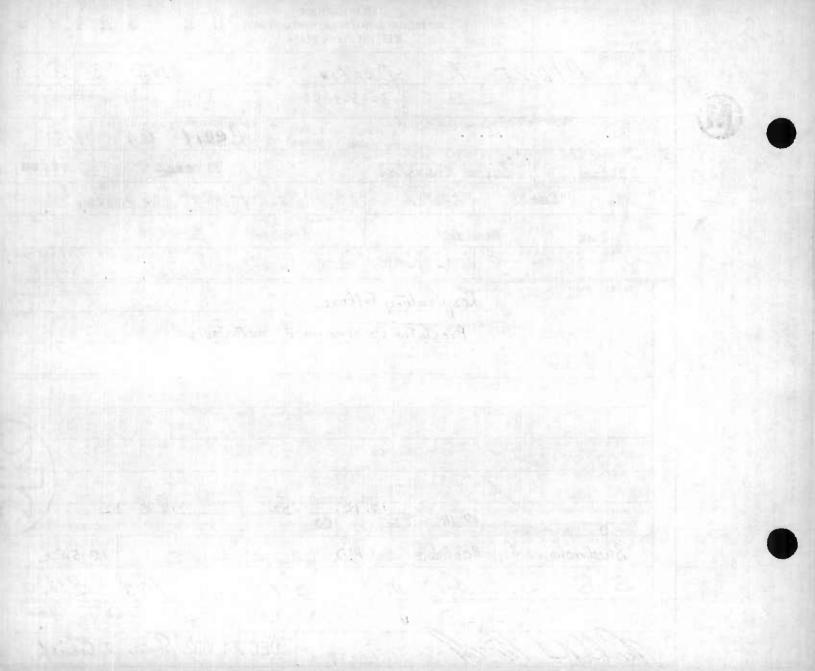
23d LOCATION Lebanon

RUSSell

12-18-82 24. FUNERAL DIVEG North East.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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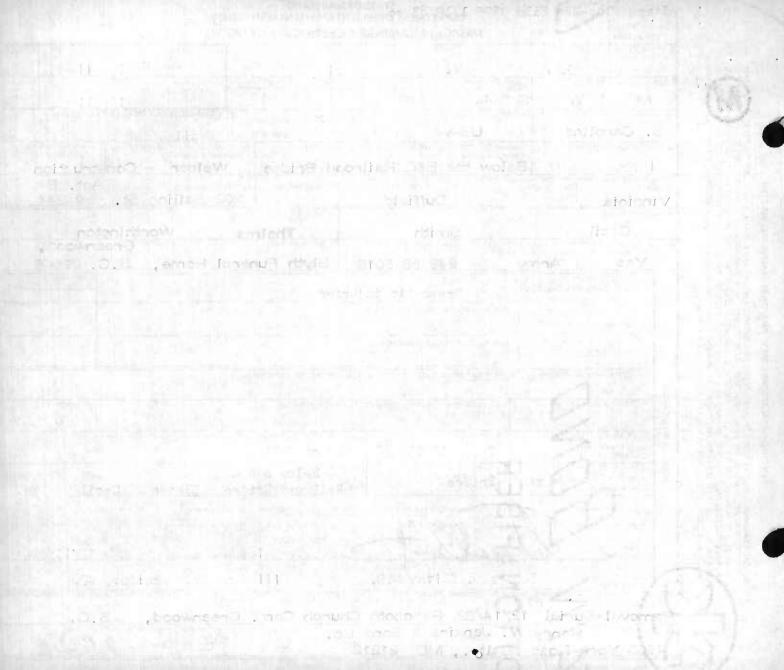
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			REGISTRAR CEASED NAME	FIRST		MED	MIDGLE	EXAMIN		LAST	AIEO		7000	REG. N		DAY YE	AR 2h HOUR
	manus unas construction		E OR PRINT										DATE K	ESTI-	MONTH		14. 1100K
	SE SEE	3. SE)	,	Geor	-	V. OF DIDTU	/ •	6. AGE (IN YEA		dges	E LINIDED I			MATED	MONTH	19 (
		J. 3E/	M	W	4OM	TE OF BIRTH DAY	YEAR	LAST BIRTHON	Y) MONTH		HOURS		DATE ONOUNG DEAD	CED	12	11 19 8	4:10/
1	NO.		RTHPLACE (ST	ATE OR	7b. C	ITIZEN OF WHA	AT COUN	ITRY?	8. MARRI	ED NEVE	RMARRIE	P. 7.	BALTIMO	ORE CITY	OR COUN	TY OF DEAT	
-	ARE 84/	Š	. Car	olina		US.	A		WIDOW	=	DIVORCE		Ceci	1 Cou	intv		MD
	SEX#S	ID CI	TY OR TOWN	OF DEATH		F NOT IN SUCH FAC			, OR OTH	ER INSTITUTION	ON	12a. USUAI	OCCUP	ATION (T	YPE OF WORK	12b. KIND O OR IND	F BUSINESS
	SASSER SE	E	Ikton			elow th			ilroa	d Bri	dae		elde		Con	struct	
5	ORD ORD		L RESIDENCE	IF IN NURSING HOW	E OR OTHER	R INSTITUTION GIVE	RESIDENCE	OR TOWN	N)	13d INSIDE CITY		13e. STREET	ADDRES	c		Apt.	
213	SAMON 3		irginia	1				ffield		-	NO 🗌				St.	242	
9	TANGET -		THER'S NAME		MIDO	n £		LAST		15. MOTHER	'S MAIDE			DLE		LAST	
W.	EST SISSE		Cec	il	MIDU		Smit			FIRS	Thelr	ma	MIL		rthin		
WO	PAGO NO.	I 6a V	VAS DECEASED	EVER IN U.S. A	RMED FO	ORCES?		CIAL SECURITY	' NO.	17. INFORMA	ANT	1.104		ADDRES	s Gre	enwoo	od,
ALTI	JRS AFTE 3. GIVE I WITH R I. PAGE DIVISIO	, ,	Yes		my		248	68 50	18	Blyth	Fu	neral	Hor			C. 29	
	W.T. WIT		18 CAUSE OF	DEATH (Enter	only one											APPROX	MATE INTERVAL
PRESTON ST	ITHIN 24 HOU CIL IN ITEM 18 NER ALONG 1 ANSIT PERMIT AL HYGIENE, REMOVAL.		PART I DE	ATH WAS CAUS	ED BY:	ISE (a)	raun	natic i	njur:	ies						BETWEETE	PHOE! AND DEATH
OTS	AZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	-	828	30	(DUE TO, OR A	S A CON	ISEQUENCE C)F								
8	WITHIN SINER AL	1		s, if any, whice to immedia		(b)											
≥ ×	UTED WITH IN PENCIL EXAMINER EXAMINER IN TAL - TRANS O MENTAL P ON, OR REA		cause (a)	stating the unde		DUE TO, OR A	S A CON	ISEQUENCE C	F						17.11		
201	ON, ON	63	lying cou	e last.		(c)										ALC:	
RECORDS,	NER: THIS CERTIFICATE SHOULD BE EXECUTED WING CATE, WRITING THE WORD "PENDING" IN PENIFORMANDED TO THE CHIEF MEDICAL EXAMIN TOR: PAGE 3 SHOULD BE USED AS A BURIAL - THE STATE DEPARTMENT OF HEALTH AND MENTAL OF LAND, 21201 PRIOR TO BURIAL, CREMATION, OR		PART 2 OTHER SIG	NIFICANT CONDITIO	S CONTRIB	UTING TO DEATH BU	IT NOT RELA	TEO TO THE TERMI	NAL DISEASE	OR CONDITION G	GIVEN IN PAR	T 1 (a);					
0	BE EXE INDING AEDICA AS A BU ALTH A	MEDICAL CERTIFICATION		FN						1							
	AL, AL	CAT	190 DATE OF	OPERATION		196 CONDITI	ON FOR	WHICH OPER	ATION W	AS PERFORM	ED?					20 AUTO	PSY?
OF VITAL	SHE CHEST	TIF		190						1.00						YES	NO D
	ICATE WITHE WOULD BY THE WATCH	CE	210 EXTERNA UNDERLYING	KLOP		HOUR A.M.		DAY , YEAR		OW INJURY O		(ENTER NAT	URE OF INJU	RY IN ITEM T	8 PART TOR P.	ART 2)	
DIVISION	A A S O S A S O S A S O S A S O S A S O S O	CAL	CONTRIBUTIN	G CAUSE O	FDEATH	P.M.	TC/	11/1902		ject i							
VISI	CERTIFO TING DED TO 3 SHO DEPAI	AED	21d. INJURY O			SHREET FACTO			21f. LOC	TATION BELO	ow B	80 8	ITY OR TOW	N	co	DUNTY	STATE
0	WRI WRI AAGE AATE		AT WORK	NOT WHILE AT WORK	X.	bridg	ge		I	Railroa	ad Br	idge	Ell	kton	C	ecil	Md.
	PR: T	7	22a certif	y that I taak cho	rge of th	e remains de	bed aba	ive, held an	Autop:	y 🖹	Inspection		Inquiry	□. «	and in my a	pinian	
	MINER: TIFICATE BE FOR ECTOR: TH THE SYND,	1	death resulte	d fram Na	urpycan	ses . //	Alcolony	Sui	cide	. Hamicid	le .	Undetern	nined mar	nner			
	EXAMI CERTIF JID BE DIREC WITH AARYI		Carlotte Co.	1	11	()	14	1	-	TITLE (SPE	ECIFY)						
	MEDICAL EXAMINED UTE THE CERTIFIC E. 4 SHOULD BE INDERAL DIRECTS IN DEATH, WITH THOMES, MARYLA		ACTUAL SIGNATURE_	/	1	ordsex	MA			Deputy	/ Chi	e fmedic	AL EXAMI	NER	DATE	ED 12/1	/82
	DEA SEA	-	EXAMINER'S	JAAAE	The		C : -L	L M D								MD	
	TO ME EXECUTOR PAGE TO FUIL AFTER BALTIN		(TYPE OR PRIN		11101	mas D.	2111	n, M.D.	•	ADDRESS	111	Penn	ST.	Ba	ilto.,	MD.	
	. / -	23a.B	JRIAL, CREMAT	ION, REMOVAL				NAME OF CEN				23d. LOCA	OWN		cou	NIY	STATE
	BP \$59			-Burial		/14/82		ehoboth								S.C.	
	DHMH - 17	24 FI	JNERAL DIREC	FOR Henr	y W	1. Jens	kins	& Son	s Co	D. 25	DATER	1 A 40	GISTRAR	7	SISTRAR'S	SIGNATURE	-
	(VR A15 ME (5))	4	905 Yo	ork Roa	ad	Balte.	. MI	D 212	12		MER	1713	02	Por	my	- laur	4K



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funshauld be detached for use as the buriol-transit permit. Then please remove corbanapaers. Pages I and 2 shauld be filled within with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

poge 3

1. DECE (TYPE O	Male	MIDDLE A RACE Thit	S. DATE OF		20 DATE OF DEA	G. NO. THI MONTH DAY 8 2	2 8 1 2b. HOUR 12.5°A
1. DECE (TYPE O	REGISTRAR EASED NAME FIRST PRINT] FIRST Male THPLACE (SLATE OR FOREIGN)	NK A A RACE White	S. DATE OF	BUNN S	20 DATE OF DEA		YEAR 26. HOUR
3. SEX 70. BIRT	PRINTI TO A Male THPLACE (SIATEORFOREGN)	NK A A RACE White	MONTH		20 DATE OF DEA		YEAR 26. HOUR
70. BIRT	THPLACE (SLATE OR FOREIGN	Whit	MONTH		12/2	/82	12.50A
7a. BIRT	Male THPLACE (STATE OR FOREIGN DUNIER)	Whit	MONTH			100	1/2304
7a. BIRT	THPLACE (STATE OR FOREIGN)	Whit	MONTH		A AGE TIN YEARS		1070
Per	THPLACE (STATE OR FOREIGN	00	1		AOL (III ILANSI		UNDER 1 YEAR IF UNDER 24 HRS
Per	DUNTRYI	76 CITIZEN OF WHAT COUNTR		DAY YEAR	7 9	5	NIHS DAYS HOURS MIN
Per	DUNTRYI			01 0	9 BALTIMORE C	TY DR COUNTY O	EDEATH
-		116	MARRIED	NEVER MARRIED	Ceci		I VENIII
10 CITY		03	WIDOWED			1	M
all's	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR.		OTHER INSTITUTION	128 USUAL OCCL	JPATION AOST OF WORKING LIFE)	126. KIND OF BUSINESS O
1.5	RTON	LAurel W		ursing Cen	tet MACh	NIS T	INDUSTRI
USUAL	L RESIDENCE (IF NURSING HOME OR			az bang our		7913	
13a. ST.	1	- 1		13d. INSIDE CITY LIMITS			
-	14 (60	LIL UK	TON	YESX NO		· MAIN	21.
14 FAT	THER'S NAME	MIDDLE LAST		S MOTHER'S MAIDEN	NAME	DIE	1.00
	Unknown	1	5-37	Emma	-	DIE	McDaniels
16a W/	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SE	CURITY NO.	17 INFORMANT	A	DDRESS	+1 High IAN
	NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	03-1898	A 7 C	110 5		- 1 h
	NO	213	23-1014	Mrs. CI	IH mil	Ich D	ert Veresit
1	18 CAUSE OF DEATH (Enter only	ly one couse per line for of 18.	ond (c).)	Char			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CAUSED		10 10 000	mitte			
	HOLD MMEDIATE	E CAUSE (o)	0,00,00	4010000			
-	1860	DUE TO, OR AS A CONSEC	DUENCE OF 1	+- 10	-	++	
	Conditions, if ony, which	(b)	asper	aum 40	work or	vens,	mile
	gove rise to immediate couse (a), stoling the	DUE TO, OR AS A CONSEC	DUENCE OF	U			
	underlying couse lost	(6)					
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT N	OT PELATED TO THE T	EDMINIAL DISEASE OR	CONDITION CIVEN	INI DADT 1
Z		OTTO CONTRIBUTION	O DEPART DOTTE	OT RECATED TO THE T	ERMITAL DISEASE OR	CONDITION GIVEN	IN PART 110
CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS DEDECTATED	20a AUTOPSY?	201 IEVES V	VERE FINDINGS USED
5	DATE OF OFERATION	170 CONDITION TOR WITH	LITOPERATION	VASTERFORMED	208 AUTOF31	IN CERTIFYIN	NG CAUSES OF DEATH?
E L					YES NO	YES [□ NO □
E 2	210. ACCIDENT WAS UNDERLYING	110110 4 11 11011711	DAY VEAD	21c HOW INJURY OCC	CURRED (ENTER NATURE O	FINJURY IN ITEM 18 PART	I OR PART 2)
A .	OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR				
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e. PLACE OF INJURY		211 LOCATION			
ME.		(AT HOME, STREET, FACTORY OFFICE		STREET	CITY	ORTOWN	COUNTY STATE
A	WHILE NOT WHILE AT WORK			_	A	1	
	22a I certify that (I) (this haspite		n = 2/	25 19 A	-/ to /2/	2	82 that (1) (we)1
2		113012/10	82 ond	that in (my) (eve) opin	non death accurred on	the date and hour o	nd from the couses stated
2	sow the deceased alive on_						
L	obove, (I) (we) I did (did not	view the body ofter death		0.000			
L	sow the deceased alive on above, (1) (we) and (did not 22b. SIGNATURE)	view the Body ofter death	DI	GREE	· Mosca	CTACC	22c. DATE SIGNED
L	obove, (I) (we) I did (did not	view the body ofter death	M	ATTENDING	G MEDICAL N DIRECTOR P	STAFF HYSICIAN [12-2-82
2	obove, (I) (we) I did (did not	View the Body ofter death	Mis	ATTENDING		STAFF HYSICIAN []	12-282
2	obove, (I) (we) Ford (did no)	View the Body ofter death	Mis	ATTENDING PHYSICIAN		STAFF HYSICIAN []	12-2-8-2 m 0 1192
2	obove, (1) we Fond (did not	PRINT) G ED G	RENM	P. ATTENDING PHYSICIAN 220 ADDRESS 724	DRIVEE	ST TON, /	12-2-82 no- 2192
2 2 23a BU	27b. SIGNATURE	PRINT) 23b. DATE 23b. DATE 23c. The Work of the Point	REN MI	ATTENDING PHYSICIAN 222 ADDRESS 724 METERY OR CREMATOR	P DIRECTOR PH	ST /	12-2-8-2 no. 2192
23a BU (SP	obove, (1) we Fond (did not	PRINT) 23b. DATE 23b. DATE 23c. The Work of the Point	REN MI	ATTENDING PHYSICIAN 222 ADDRESS 724 METERY OR CREMATOR	P DIRECTOR PH	ST /	12-28-2 MO- 2192 WHIII, Marian

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turiat (2-4-82 Cherry Mill Newholds Complete, Charles Mill, Ma.

HERE THE EAST THE TAXES, MARTINE, Mr. 21921 DEC. 1 5 222 JAN. 22 SA LAND

North East, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

Regulary Fradmic ALBERTY.

Jogys A. Paler no

Met 24 882 2 can of Caring

Jolley Fune ral Home, Rt &, Salisbury, Md 2180

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE SERVICE Perry Point, Vd. ... VA Madical Conter 14. A 11 2 217-05-1803 SHILLER SHILL Carulo respiratory armest Belranatey bedoing this terminates Agentosolements, gamman izud, savere lidney stones, left lidney loyether IL 82 December L 1992xxxxxx 28-11-21 × BOY N. CHESTAY, "N.D. VA | editor | Contab. Porty Point, Du.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH YEAR 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 77 9. BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Owner- Feed Mill 13e SIREEI ADDRESS 508 Bow Street 21921 MIDDLE Royer ADDRESS Mrs. Mary A. Crouse, Elkton, Md. 21921

DECEASED NAME (TYPE OR PRINT) mos 3. SEX 4. RACE 5 DATE OF BIRTH August 21, 1905 Male White O. BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Mary land USA DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) E1kton Union Hospital USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Ceci1 Elktoh YESX NO F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Monroe G. Catherine Crouse 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 216-10-6817 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY culin IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES [710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN WHILE NOT WHILE AT WORK AT WORK 220 I certify that (1) (this hospital) attended the deceased from N. sow the deceased alive on. 19 62 __, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 775 SIGNAPOR DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPY OR PRINT) 22e. ADDRESS NAREWI 230. BURIAL, CREMATION, REMOVAL

BP

(SPECIFY)

Eurial

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

23b. DATE 1-3-83 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY

22c. DATE SIGNED

NO T

STATE

Gilpin Manor Memorial Park, Elkton. Md. 21921

FUNERALS, ELKTON MD. 21921 Tor

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	1300 Xe1 - 3			Acres.		
				Acres.		
	1000000			A CONTRACTOR		
	1000000					

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

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ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be supplied as uttending physician.

TO FLINERAL DIRECTOR. After the certificate has been signed by the attending physician and compatibility filled in by the fu-shauld be detached for use as the bursal houses permit. Then please remove carbandaphility ruges I and 3 should be find with with the State Dept, of Health and Memail Hyginia prise to bursal, cremation, or removal.

APORTANT If Nem 21 is marked or hem 58 shaws only

DHMH - 16 50M 1/B (VRA 15, 4)

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1.	FOR STATE	t.	DEPART			MENTAL HYG	IENE 8 2	3	2	8 5
	REGISTRAR			CEKTIF	ICATE OF	DEATH	REG. N	0.		
	CEASED NAME FIL	RST	A.	1	AST		20 DATE OF DEATH	MONTH I	DAY YEAR	2b HOUR
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3. SE	X	4. RACE		5. DATE C			6 AGE IN YEARS LAST BE	₹THDAY)	IF UNDER I YEAR	
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7a. B	IRTHPLACE (STATE OR FOREIT	GN 76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY	R COUNTY	OF DEATH	
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	224 PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRE		J DIRECTOR [] TITISK	. (2014-0)		20 00
	ABDUL I	KARIM, M.D			VA	Medical	l Center, P	erry I	Point.	MD
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STATE OF MARYLAND DEPARTMENT OF HEALTH AQD MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR Julius December 24, 1982 A. Estep 11:50A 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH Male White July 13 1919 63 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED West Virginia U.S.A. Cecil County WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE VA Medical Center, Perry Point Md. Perry Point Miner JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS Wagon Wheel Trailer Park 21903 Maryland Cecil Perryville NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Pooly Blankenship William Estep 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES! 235-26-1669 1942 - 1943V.A.M.C., Perry Point, Maryland Yes 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUDDEN CARDIO-RESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF C.O.P.D., SEVERE WITH ACCUTE EXACEREATION gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION A.S.H.D. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NOF 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET FACTORY OFFICE, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 220.1 certify that (I) (this bosoital) attended the deceased from 111 y b, 1982, to December 24. 1982, mor (News) sand that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL 12/27/82 PHYSICIAN DIRECTOR PHYSICIAN

Culpeper Nat'l Cem.

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT

21903

23b DATE

VIJAY NELLORE, M.D.

23a BURIAL, CREMATION, REMOVAL

Burial

VAMC, Perry Point, MD 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION Culpeper

Culpeper Virginia

MA DATE REC D. BY REGISTRANI 256. REGISTRAN'S SIGNATURE

235-285-285

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C.O.J.D., SEVERE WITH ACCURE EXACERETION

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VIDAY HELLONG, ". O.

LEE A. BETTERSON & SCHOOL OF THE CISCO

10/22/80

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate he

etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and confidently filled in the that should be detached for use as the buriol-transit permit. Then please remove corbon paper. Furger, I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the minute of

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220. I certify that (I) (this haspital) attended the deceased from 1982, at work the deceased alive an 1982, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN PH	/ 19	(IF EITHER NOTIFY MEDICAL EXAM				
220. I certify that (I) (this haspital) attended the deceased from 1982, 1992, 10 20 7777, 1982, that (I) (we) for some the deceased alive an 1982, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12 DIRECTOR		ZIG INJURY OCCURRED			CITY OF TOWN	COUNTY STATE
saw the deceased olive an 1981, and that in (my) (our) opinion death occurred an the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI		AT WORK AT WORK				
Obove, (1) (we) (did) (did not) view the body after death. 272b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12-20-82 272d. PHYSICIAN SNAME (1798 60 PRINT) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12-20-82 272d. PHYSICIAN SNAME (1798 60 PRINT) 272d. DATE SIGNED 272d. DATE SIGNED 272d. ADDRESS // ADDRESS // ADDRESS // ADDRESS // 272d. ADDRESS // ADDRESS /			aspital) attended the deceased fro	61	, 10	, in all (ii) (all (iii)
226. SIGNATURE 226. SIGNATURE 226. SIGNATURE 226. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI			d not) view the body after death.	9 22, ond that in (my) (our) opin	nian death occurred an the date a	nd hour and fram the couses stated
PHYSICIAN DIRECTOR DIR			10 /	DEGREE .		22c. DATE SIGNED
22d PHYSICIAN NAME (1700 CORPUNT) OHNOLOSEN FELD MID ELLI / Ton Md 230 BURIAL CREMATION, REMOVAL 230 DATE, 22 NAME OF CHIEFT OF CHEMATORY 2311 LOS ATION		ana	nn Rosente			12-20-82
	1	224 PHYSICIANIS NAME IT	YPS OR PRINT)		47	
	1	Do Hnni	Kuspa Lel	1 MM (E	1:1+an M	1
	7	20 PUDIAL COST ATION DE	TALL DATE		The township	
THE TABLE TO THE TOTAL PROPERTY OF THE PARTY	23		10/00/00	Della Hamila	2 1000011	7 137110 PM
IN FUNERAL DIRECTOR DATE REC D. BY REGISTRAR LANGUE DIES.	4	1. wiles	110/20182	a significant	a many	all IVE IN

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

9-1-1-21 61113 一大学 一张学 人名 (1) 工 (1) (2) (2) (3) (3) (3) John Rouget of me son and CARLOS CONTRACTOR DECARTORS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST I. DECEASED NAME EIRS1 20 DATE OF DEATH 26. HOUR TYPE OR PRINT DORA E. FOSTER DECEMBER 29, 1982 a .M 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 MRS 3. SEX 5. DATE OF BIRTH April 18, 1895 Female. White 87 In BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA WIDOWED Ceci1 DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Elkton Devine Haven Nursing Home Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 215 Irishtown Road 21901 Ceci1 Maryland North East YES [NO TX 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Thomas Milstead Martha Thompson ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 216-16-46090 Mr. T. Elwood Foster, North East, Md. 21901 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), 1b1, and (c).
PART I. DEATH WAS CAUSED BY: ererioscherone CARDIO VAICULAR DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX 218. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22a.1 certify that (1) (this haspital) attended the deceased from_

HOUR A.M. MONTH DAY YEAR PM

21s. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

resur , and that in (my) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

COUNTY

STATE

sow the deceased alive on 12/27/82 above, (I) and (did-got) view the body ofter death.

FOR

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

ATTENDING

MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN 22c DATE SIGNED 12-30-82

Robert L. Gray, M.D.

23a. BURIAL CREMATION, REMOVAL

OR CONTRIBUTING T CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

719 Bridge Street, Elkton, Md. 21921

DHMH - 16 50M 4/82 (VRA 15, 4)

00

ō

Burial

12,-31-82

23b. DATE

Union Cemetery

23d LOCATION Union.

750 DATE REC'D. BY REGISTRARIAN TO THE PARTY NATURE

Cecil.

UNERALS, ELKTON, MD 21921

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within 24 hours after death. Page

the attending physician and completely filled in Ermin remove carbonpapers. Pages 1 and 2 should be 1 He

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IMPORTANT: If Nem 21 is morked or Item 18 shows ony injury, ar other traumotic event, the should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. certificate has been

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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L	REGISTRAR		CER	TIFICATE OF DEATH	REG. N	40.	
	DECEASED NAME TIPE OR PRINTS	100	MIDDLE E.	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR	
L	DORO	thy	E.	URIN		12/16/82 545 N	
и –	SEX	4 RAGE		TE OF BIRTH ONTH DAY YEAR	6. AGE (IN YEARS LAST 8	RTHDAY) IF UNDER LYEAR IF UNDER 24 HRS	
Female Whi		Whit	e Ja:		58	YRS.	
70	BIRTHPLACE (STATE OR FOREIGN	Control of the control	WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
	Pa.	USA	WIDO	WED DIVORCED	Ceci	/ Co ME	
	City or town of DEATH Clkton	LIF NOT IN SUR	11. NAME OF HOSPITAL, NURSING HOME OR OTH LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Union Hospital		126. USUAL OCCUPATION LITYFLOE WORK-FOR MOST OF WORKING LIFE) Office Mgr. 12b. KIND OF BUSINESS OR INDUSTRY Marina		
13	SUAL RESIDENCE (IF NURSING HOME O STATE Md. 136-COU		134 CITY OR TOWN North Eas	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 6 Abagai	l La.	
14	FATHER'S NAME Frank J. Furin LASI			Susan Ma	LAST		
160	WAS DECEASED EVER IN U.S. AT	MED FORCES?			ADDRESS		
	YES NO OR UNKNOWN) WW	II	198-18-23	24 Suzan F.	Doordan	North East, Md.	
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last (b) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RESPITORY FAILURE DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH						
NO		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a					
TIELCAT	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPE			TION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO	
21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21c. HOW INJURY OCCURRED (ENTER NATE HOUR A.M. MONTH DAY YEAR 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET 21f. LOCATION STREET					RRED (ENTER NATURE OF INJ	JRY IN ITEM 18, PART 1 OR PART 2)	
MEDI	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY ST						
	220 certify that (1) (this haspital) attended the deceased fram						
	226 SIGNATURE YOUL A. PONEL DEGREE MD ATTENDING MEDICAL STAFF 12/17/82						
	Jogish A. Patel M. D. Union Hospital, Elkton, Md.						
23	Burial Remation, Removal	12-18		Mary Anne's	North E	ast Cecil Md.	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

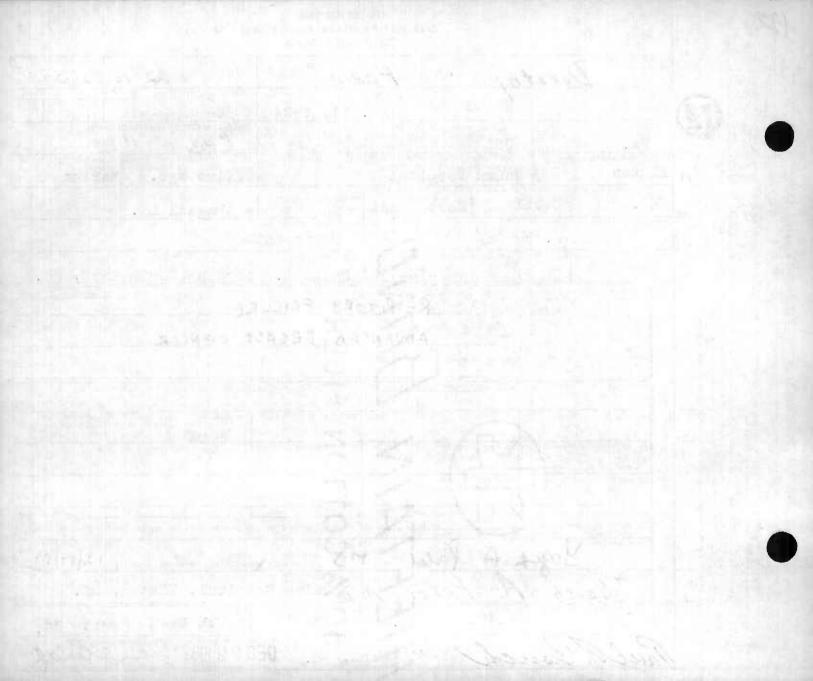
etoined by the hospital or TO FUNERAL DIRECTOR:

BP.

North East, Md.

East DEC 2 2 1982 John & Course

Md.



FOR

REGISTRAR

. DECEASED NAME

- STATE

(TYPE OR PRINT)

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

APPROXIMATE INTRVAL BETWEEN ONSET AND DEATH

NOF

STATE

YES [

COUNTY

22c DATE SIGNED

IF UNDER 24 HRS HOURS

IF UNDER I YEAR

2a. DATE OF DEATH

SAMUEL J. COLT STEEL SING THE 5.6-10-91/ 7 THE REPORT OF LAND AND STREET AND STREET 2 3 2 2 2 Sier o 1 330

MAKTLAND STATE DEPARTMENT OF HEALTH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH LIYPE OR PRINT GARLAND RHUDY GREER December 4, 1982 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH Aug. 20, 1906 Male White TO BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina USA Cecil County DIVORCED WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Perry Point TYPE COTOR FOR MOST OF WORKING LIFE Circuit Court VA Medical Center Perry Point, MD 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Harford 908 Rock Spring Road 15. MOTHER'S MAIDEN NAME Dudley Edwin Greer Nancy Rhudy ADDREBel Air.Md. 21014 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN) 215-03-2983 Mrs. Dorothy R. Greer, 908 Rock Spring Road 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY CARCINOMA OF THE LUNG MMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF METASTASIS TO BONE, EXTENSIVE Conditions, if any, which

gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from ___ Oct 6 to Dec 4 _19___82__, and that in 💥 (our) opinion death occurred on the date and hour and from the causes stated Dec 4 sow the deceased alive on ____ 22c. DATE SIGNED ATTENDING

DHMH - 16 50M 1/81 (VRA 15, 4)

24. FUNERAL DIRECTORHOWARD K. McComas III, MCCOMAS FUNERAL HOME, ABINGDON, MD. 21009

23a. BURIAL CREMATION, REMOVAL

Burial

JOAQUIN GARCIA, M.D.

23b DATE

Dec. 8, 1982

230 NAME OF CEMETERY OR CREMATORY

VAMC PERRY POINT, MD.

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN X

12 - 4 - 82

Bel Air Memorial Gardens Bel Air Harford

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STATE OF MARYLAND

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HILLS HE TON THE WALK, CHICKEN SEE JUST 1921

Todd ADDRESS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN Burial DHMH - 16 50M 1/81 (VRA 15, 4) Gee tuneral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER I YEAR

INDUSTRY

26. HOUR

176 KIND OF BUSINESS OR

5:45A,

IF UNDER 24 HRS

FOR

REGISTRAR

- STATE

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Baltimore, MD

21229

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

HUBBARD FUNERAL HOME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b HOUR

HOURS

126 KIND OF BUSINESS OF INDUSTRY Md. State

21227

NOF

STATE

COUNTY

22c DATE SIGNED

12/30/82

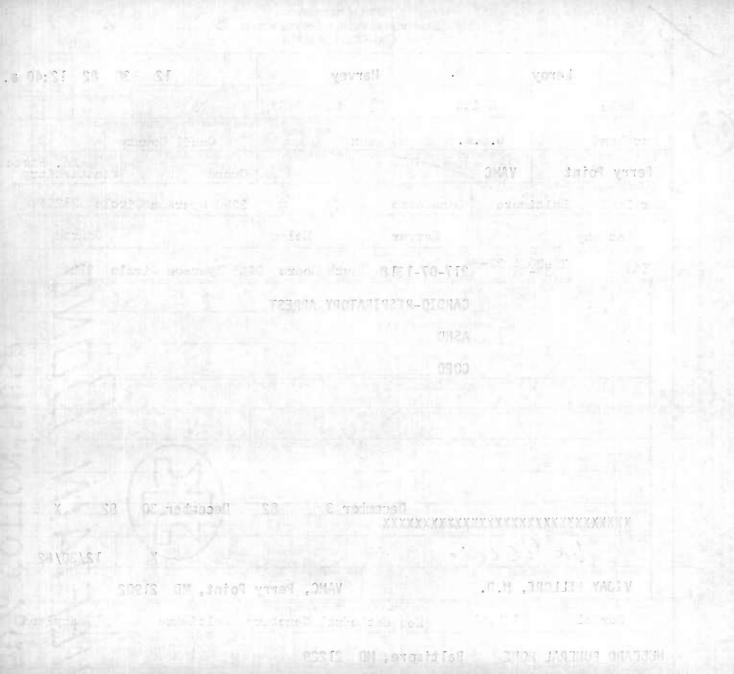
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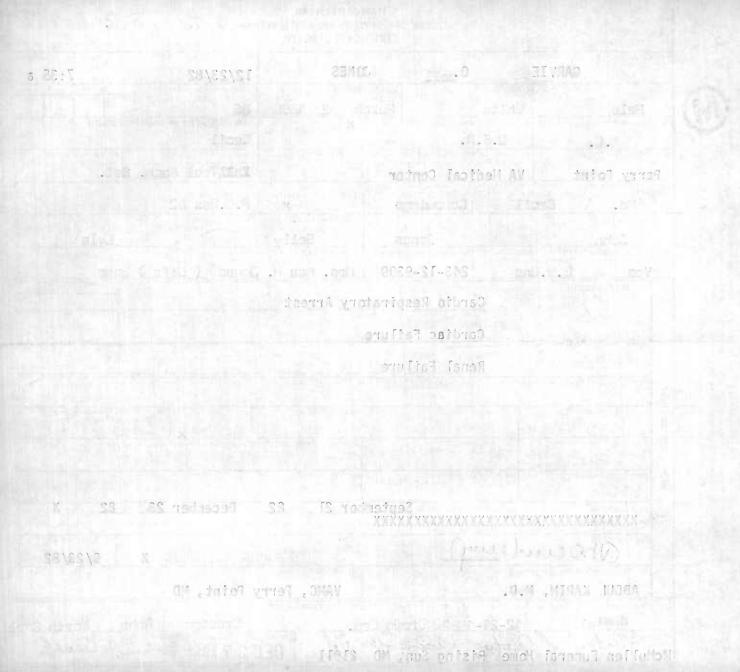
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in should be detached for use as the buriol-transity permit. Then please remove carbon papers. Pages 1 and 2, frauit be find with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or from 18 shows any injury, or other traumatic event, the medical examination of the property of the pro

STATE OF MARYLAND

1 - STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HY FICATE OF DEATH	GIENE G A	10.	4	7 /
DECEASED NAME FIRST		MIDDLE		LAST	2a DATE OF DEATH	MONTH DA	YEAR	2h HOUR
GARV I	E	0 dell	· ·	ONES	12/23/82			7:35 a M
SEX	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
Male	White		Marc		86	YRS	NIHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	0	D NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
N.C.	U.S.	A.	WIDOWE		Cecil			M
CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
Perry Point		ical Cent			TYPE OF WORK FOR MOST	Mech. B	et.	
SUAL RESIDENCE HE NURSING HOME 30 STATE 136 CO	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS P.O.Box 8	2		3,28.6
FATHER'S NAME	IL I I	Corlowaring	U	YES NO NO				
FIRST	WIDDLE	LAST		FIRST	WIDDIE		LAS	r
John WAS DECEASED EVER IN U.S. A	ARMED FORCES?	Jone 166 SOCIAL SECUR		Sally 17 INFORMANT	ADDR	ECC	Lyle	
(YES NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)							
YES U.W. 18 CAUSE OF DEATH (Enter PART 1. DEATH WAS CAUSE)	One	243-12-9		Mrs. Mae H.	Jones (W	ife) S		MATE INTERVAL
couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	(c) R	R AS A CONSEQUE enal Fail I DIVERSITING TO D	ure	NOT RELATED TO THE TER	minal disease or con	IDITION GIVEN	IN PART 100	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	IGS USED OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME O			21c. HOW INJURY OCCU				
OR CONTRIBUTING CAUSE OF D	EATH	M, MONTH DA	Y YEAR					
OR CONTRIBUTING LI CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f. LOCATION STREET	CITY OR TO	NAME (COUNTY	STATE
WHILE NOT WHILE AT WORK	(AT HOME STE	REET, FACTORY OFFICE, FA	RM ETC)	SINEEL	CITYORIC) W/V	COUNTY	SIAIE
220.1 certify that (I) (this has	XXXXXXXX	XXXXXXXXX	eptem XXXX	iber 21 , 19 82 and that in (my) (our) opinion	to December	23	82 nd from the	that (we) los
226. SIGNATURE	1000			DEGREE			22c. DATE	SIGNED
(1100101	will			ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (X	9/2	3/82
Children Co.								•
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				
				The second section of the second	rv Point. M)		
ABDUL KARIM,	M.D.	23c N	AME OF C	The second section of the second	ry Point, MI			
ABDUL KARIM, BURIAL, CREMATION, REMOVA	M.D. 23b. DATE			VAMC, Per	23d LOCATION CITY OR TOWN		OUNTY	STATE
ABDUL KARIM, BURIAL, CREMATION, REMOVA	M.D.		AME OF C	VAMC, Per	23d LOCATION CITY OF TOWN Creston		No	state orth Ca

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)



Self_ 909Po Tar St., Wil.Del

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

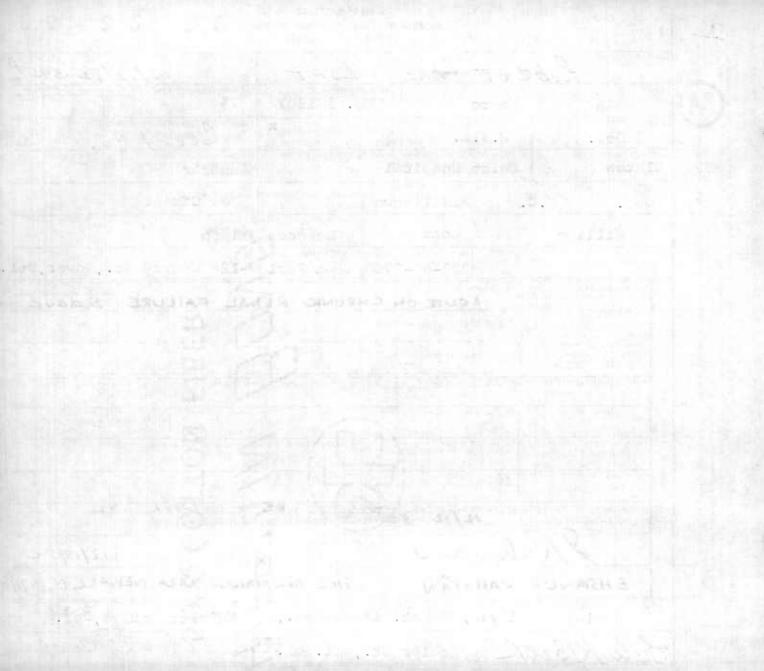
CERTIFICATE OF DEATH

2b HOUR

NO F

STATE

IF LINDER 24 HRS



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	FOR = STATE REGISTRAR		EPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL ICATE OF DEATH	REG. NO.	2200
	CEASED NAME FIRST DE OR PRINT) John	MIDDLE	Manley	AST	2a. DATE OF DEATH MONTH	DAY YEAR 2b HOUR
3 SE		4 RACE	5. DATE C	OF BIRTH	December 24, 19	1:50P
1	Male	White	MONTH 2		2 60 yrs	MONTHS DATS HOURS MIN
7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	TE A DALTHAODE CITY OF COUNTY	TY OF DEATH
30	Md.	U.S.A.	WIDOWE	D DIVORCED	□ Perry Poir	it Cecila
23 P	errvville	VA Medical	enter, Pe	erry Point,	MD Veteran	12b. KIND OF BUSINESS O
B3 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN		OR TOWN	13d INSIDE CITY LIMIT YES NO K	S? 13e. STREET ADDRESS Perr Perry Pt. VA N	ry Point, Md Med.Center
AE TA	ATHER'S NAME FIRST		LAST	15 MOTHER'S MAIDEN	MIDDLE	LAST
× 10	James WAS DECEASED EVER IN U.S. AR		anley	Theres		Staub
	YES NO OR UNKNOWN (IF YES, GIV	E WAR OR DATES)	-14-2572	Toman 70	l Charring Cros	ss Rd., Balto
ent, the n	Yes-4/43 to	10/47		Mr.James	H. Manley Jr. Md	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ntury, or other traum	Conditions, if ony, which gove rise to immediate couse to , stating the underlying couse lost PART 2 OTHER SIGNIFICANT C Schizophre	DUE TO, OR AS A CO	NSEQUENCE OF		vascular disease	IVEN IN PART 1101
E shows striy injur	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)
MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (#FEITHER NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED NOT WHILE AT WORA ALWORK		19	21c. HOW INJURY OC 21f. LOCATION STREET	CURRED (ENTER NATURE OF INJURY IN ITEM 18	
2 80	22a.1 certify that (1) (this hospi					19, that (I) (we) lo
# 53	sow the Accessed olive on	ti viç yıke body after dept	h		nion death occurred on the date and ha	
10	22b. SIGNATURE	Kayor	n	DEGREE ATTENDIN	G MEDICAL STAFF N K DIRECTOR PHYSICIAN	12/24/82
PORTAN	224 PHYSICIAN'S NAME (TYPE O	//		22e ADDRESS	1 Center, Perry Po	
23α	BURIAL, CREMATION, REMOVAL (SPECIFY)	No. of the last of		EMETERY OR CREMATO		COUNTY STATE
_	Burial	12-29-82	New Ca	thedral (DATE REC'D. BY REGISTRAR 256 REGIS	

Schwab Funeral Home, 5151 Balt-National Pike

DHMH - 16 50M 1/81 (VRA 15, 4)

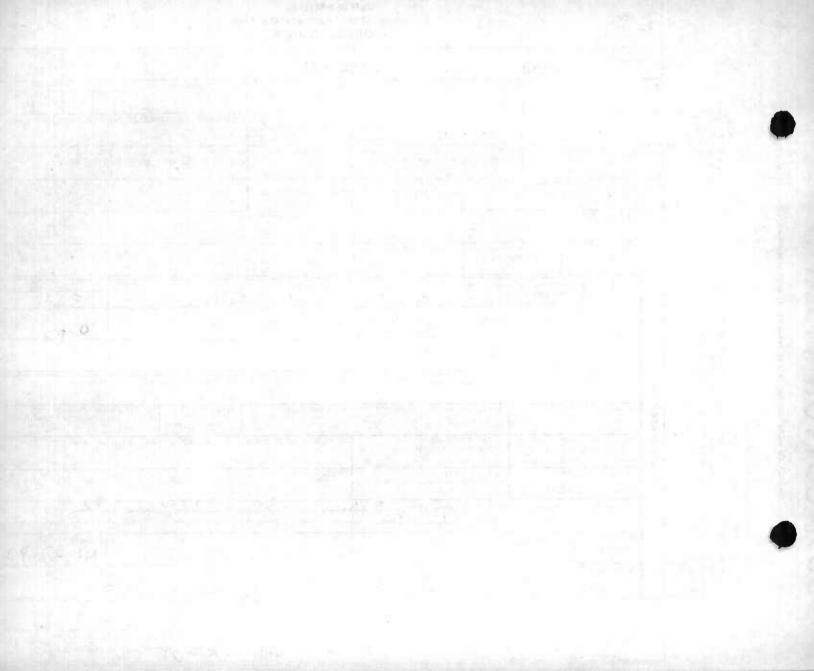
Jesemilar 24, 1982 yours - . Jalon warel VA Meidlest Conter, Forry Point, MO: Versien Thermy It. 19 Percy Pt. V. Mei, Center Asexamily telland all h commitof the bases ordered 101 esers 1.58 to love 13-15-15-2571 pr. James H. Hennlevgr. Rd. 1 21229 Woodstanil seine kraust

MANAGE TO VOICES

WA Medical Omton, Ferry Point, Md. U.

 The state of the s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME FIRST 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Mitchell R. December 24 1982 Jean 7:00 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Female White May 28 1905 HOURS TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY d MARRIED NEVER MARRIED U.S.A. Cecil WIDOWED DIVORCED [IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Calvert Manor Nursing Home Calvert (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY t. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STMEd . LEINROS act 13. McLhiney St. 13d. INSIDE CITY LIMITS? YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Aridrew Reymolds LAST Mabel Ewitte LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT McEffinney St. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-01-2993 Robert Mitchell Perryville, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF 3 underlying couse lost. 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/61 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES \ NO [Mental Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION 5 CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from .19 12 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22c, DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D MO be deto MPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) ld b SIM 0 231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION STATE North Buria 12-28-82 Mary Anne's East Ceci Md. DHMH-16 60M 1/73 24 FUNERAL DIRE MortoPress East, Md. (VR A 15 (4))



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 2

1	FOR STATE REGISTRAR				EALTH AND M		IENE 8 2	3	4 %	U)
	CEASED NAME FIRST	MIDDLE		44	ASI		20. DATE OF DEATH		YEAR	2b. HOUR	
,	Louise	K.		1001	re		Decen	ber 22,	1982	3:45	A
3. SE		4. RACE		5. DATE C		LIA:	6. AGE (IN YEARS LAST BI	RTHDAY) IF U	NDER I YEAR	IF UNDER 24 H	_
	female	caucas	stan	12	10	ÖB	76	YRS.	IHS DATS	HOURS	N.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHA	T COUNTRY?	MARRIE	D X NEVER MA	ARRIED T	9 BALTIMORE CITY				
NO	inth Cast, I'd.	U.S. A	1.	WIDOWE		ORCED [(ecil			MD.
	Elkton	11. NAME OF HOSP UP NOT IN SUCH FACE	spital	DRESS)	OR OTHER INSTI	NOITU	TOUSEWILE TOUSEWILE		INDUSTRY	home home	OR
13a	AL RESIDENCE (IF NURSING HOME OF STATEM	PROTHER INSTITUTION GIVE R NTY 134.	ESIDENCE BEFORE AI CITY OR TOWN EIRTO	on ission	13d. INSIDE CIT	Y LIMITS?	130. STREET ADDRESS	(ircle			
14 F.	Man Cool	, MIDDLE Rman	Kline		Cath	MAIDEN NAM erine	WE		Whel	ler	
160		RMED FORCES? 16b : 21	4-03-08		James L		re 216 Pari			on. Ma	/.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line 6 ED BY: TE CAUSE (0)	EPAT)	2	FAILUI	1E			APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEAT	н
z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS (b) DUE TO, OR AS (c) (c) CONDITIONS CONTR	NTRA Y a consequen	CE OF			INAL DISEASE OR COM		N PART 110		
CERTIFICATION	1% DATE OF OPERATION	IN CONDITION	FOR WHICH O	PERATION	N WAS PERFOR	MED	YES IT NO IX	70h. IF YES, W IN CERTIFYIN YES IT	ERE FINDIN G CAUSES (OS USED OF DEATHS	
	TILL ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF THE (IF EITHER, NOTIFY WEDICAL EXAMPLE			YEAR 19	Hic HOW INJ	RY OCCURR	ED TENTE NATIVE OF PAR	1.55	OFFAIR VI	170-12	
MEDICAL	STIR INJURY OCCURRED WHILE	21e. PLACE OF IN	CTORY CREEKS FAM	M, ETC.)	711. LOCATION		chrokit	DWW.	соция	31A(E	
	72n.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did-y)			12/1	2/82 d that in (my) (c	19_ ur) apinion d	. To feath occurred on the s	ate and how an		hat (I) (we) I aines stated	ost
	275. SIGNATURE	Polita	Mib			TENDING HISICIAN (1	MEDICAL STA		176 DATE S	3-82	
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS						
	Phi1	ip Pollne	er, M.	D.	131 W.	Mair	St. Elk	ton, Mo	1. 21	.921	
	BURIAL, CREMATION, REMOVAL			ME OF C	EMETERY OR CR	EMATORY	23d. LOCATION		DUNTY	STATE	
	Burial	12-24	82 Gil	pin /	Manon Me	m. Pk.	Elkton	(ecil	MH.	
24 F	UNERAL DIRECTOR SEE	UNE HALL HOME	و الراء د	3.	1hton 1	250. DATE	DEC 2 8 198	256 REGISTRAR	'S SIGNATI	shiely	2

DHMH - 16 50M 1/81 (VRA 15, 4)

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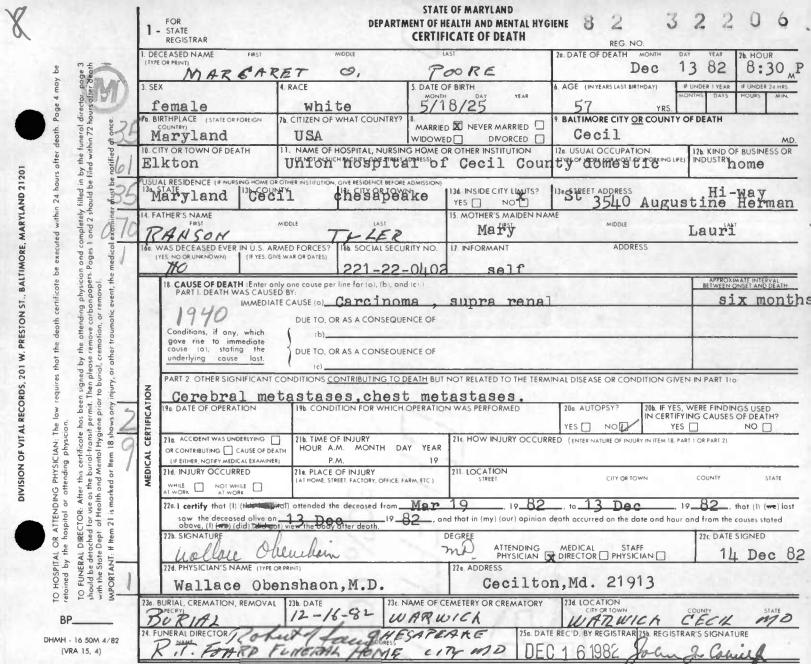
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TANTOR PUMERAL CHAPIL, Amagolis, No. 21 001

STATE OF MARYLAND

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FOR STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

1982

2 2

	REGISTRAR		CENTH	CATE OF DEATH	REG. NO	D.		
	1 DECEASED NAME FIRST	MIDDLE	ı	AST		MONTH OAY	YEAR	2b HOUR
	(TYPE OR PRINT) HARVEY	J.	REY	NOLDS		12 7	82	8:55p M
9	3 SEX 4.	RACE	5 DATE C		6. AGE (IN YEARS LAST BIRT	HOAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	Male	White	July	14, OAY 1924AR	58	YRS	DATS	HOURS MIN.
	Mary land	USA	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF Cecil	R COUNTY OF	DEATH	MD.
1 10	Perry Point AUSUAL RESIDENCE (IF NURSING HOME OR OT		Center	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)	26 KIND C NDUSTRY Orp.	OF BUSINESS OR
5	Maryland 13b. COUNTY 13c.	Y 13c CITY OR		136 INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Church	Street		21921
)	14 FATHER'S NAME FIRST HOTACE C	Reynol	ds, Sr.	15 MOTHER'S MAIDEN NAM	M.		Lloy	d
	160 WAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRE:		ETG!	
	Yes WW I		-4781	Mrs. Judith	A. Meekins	, Elkto	n, Md	. 21921
The second secon	PART I. DEATH WAS CAUSED IMMEDIATE OF OPERATION	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	EQUENCE OF TO DEATH BUT				IN PART 10	
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	THE CONDITION FOR WE	TICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES X NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	NGS USED OF DEATH?
		21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	ORPART 2)	
	OK CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER) 216 IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF		21f LOCATION STREET	CITY OR TOW	VΝ	COUNTY	STATE
	220 I certify that (I) (this haspital XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	view the bady after death	XXXXX on	d that in (my) (our) apinion a DEGREE L. A. H. D. V. ATTENDING PHYSICIAN 22e ADDRESS VA Medical	MEDICAL STAF	te ond hour an	d from the	SIGNED
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)	23b DATE	231 NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	cc	YINU	STATE
	Burial	12-10-82	Elkton	Cemetery	Elkton,			21921

21921

BP.

MPORTANT: If Hem 21 is morked or Item 18 shaws ony

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N Cocmber 7 5:0 W	7.	M CMM AKIOCMA CMM L OTHINO	CANNAKAN CAN	AND EXPLORED
		MORA NOCOR (MO		ANKKEKKA

		FOR STATE REGISTRAR	,	STATE OF MARYLAND TO OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 2 2 0 8
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	0.05	MABI		SCOTT		1982 12:30p
	3. SE.	Ih	Black	DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 63 YRS	IF UNDER TYEAR IF UNDER 24 HRS
5		RTHPLACE (STATE OR FOREIGN 76	/ / 8 // 1	MARRIED NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUN	OUNTY MD.
	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING H	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
3		ry Point, Md.	VA Medical Cent	er	TETITE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY
5	13a. S	Pa. Phi	THER INSTITUTION GIVE RESIDENCE BEFORE ADAY	MISSION) 13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 38 WEST VIE	w Street
6	14 FA	MABEN	Scot+	15 MOTHER'S MAIDEN NAI	WE	Bushrod
3		VAS DECEASED EVER IN U.S. ARME VES, NO OR UNKNOWN) (IF YES, GIVE W		n	oH Same	e as above.
		PART I. DEATH WAS CAUSED 5771 IMMEDIATE I	CAUSE (a) Bronchophet	ncreatitis, sever	e	
	NOI	PART 2 OTHER SIGNIFICANT CO Cachexia, S		ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (SIVEN IN PART 110
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OP	ERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \equiv
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	YEAR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	211 LOCATION	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did nat) v	19	, 19, 19, ond that in (my) (aur) apinion of	, ta death accurred an the date and h	that (1) (we) lost naur and fram the causes stated
		226 SIGNATURE Mole no		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
		22d. PHYSICIAN'S NAME (TYPE OR PE		VA Medical		Point Md

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

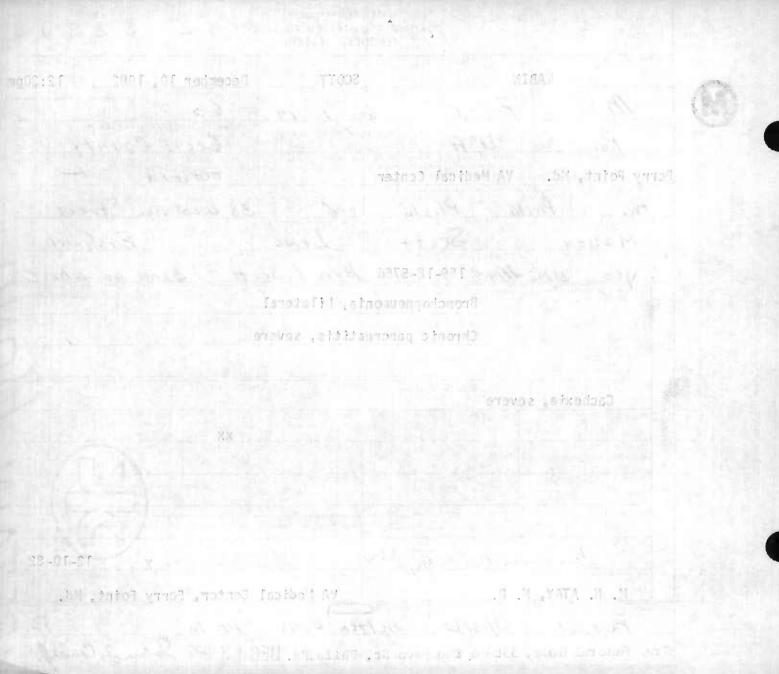
23b. DATE

234 NAME OF CEMETERY OF CREMATORY

Phila.

COUNTY

24 FUNERAL DIRECTOR
Gray Fune ral Home, 55th & Thompson St, Phila, Pa. DEC 1 3 1982



1	10.00				SIAIR	OF MARYLAND			
-	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2 REG. NO.	3 2	2 0
MR.		CEASED NAME F	IRST	MIDDLE	i.	AST	2a. DATE OF DEATH	ONTH DAY YEAR	2b. HOUR
			ome	S. Secon	r		12/24/82		11:4
-	3. SE	X	4. RACE		S. DATE O		6. AGE (IN YEARS LAST BIRTH	DAY IF UNDER I YE	
BB		Male	Wh	ite		29/48	34	YRS.	
W	7a. B	RTHPLACE (STATE OR FORE	IGN 76. CITIZEN	OF WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
~	15 1	Mary land		USA	WIDOWE	D DIVORCED	Cecil		
polition /	D.	ity or town of death lkton	(IF NOT	IN SUCH FACILITY, GIVE STREET	T ADDRESS)	cil County	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF TELECTRICIAN	WORKING LIFE) 12b. KIND WORKING LIFE) INDUSTR Pert	VA Cen
135	USU. 13a.	AL RESIDENCE (IF NURSING STATE 138	HOME OR OTHER INSTIT	UTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	2	1916
\$)O		aryland	Cecil	Childs		YES NO K	411 Star Ro	oute, P.O.	Box 49
all le	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST
\$ /C		Jerome	Κ.	Seco		Glenna	J.		ires
medicol		VAS DECEASED EVER IN	U.S. ARMED FORCE		URITY NO.	17. INFORMANT	ADDRES	S	
ae /		Yes	1968-1973	3 220-52-	5871	Mrs. Cynthia	J. Secor, C		21916 OXIMATE INTERVEN ONSET AND D
o buriol, crem jury, or other 1	NO		lost.	O, OR AS A CONSEQUE C) NS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	1(0)
ui kuc	T E	190 DATE OF OPERATIO	N 19b. C	ONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	
ony inje	TIFICATI	190 DATE OF OPERATIO	N 196. C	ondition for which	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
no swoys 81	CAL CERTIFICATION	19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	YING 216. TI	ME OF INJURY	OAY YEAR	N WAS PERFORMED	YES NO X	IN CERTIFYING CAUS	ES OF DEATH
he buriol-fronsit permit. Ind Mentol Hygiene prior ad or frem 18 shows ony is	MEDICAL CERTIFICATI	21a. ACCIDENT WAS UNDERL	YING 21b. TI SE OF DEATH EXAMINER) 21e. PI (AT MO	ME OF INJURY IR A.M. MONTH D	DAY YEAR		YES NO X	IN CERTIFYING CAUS YES IN ITEM 18, PART 1 OR PART 7	NO [
ched for use os the buriol-fronsip perimir. Dept. of Health and Mental Hygiene prior them 21 is marked or Item 18 shows any if		21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (th sow the deceased obove, (I) (we) (did) 22b. SIGNATURE 22d. PMYSICIAN'S NAM	YING 21b. TI SE OF DEATH HOLE EXAMINER) 21e. PI (AT HO is hospital) attend ablive an	ME OF INJURY IR A.M. MONTH D P.M. ACE OF INJURY ME, STREET, FACTORY, OFFICE, fied the deceosed from body ofter deoth.	DAY YEAR 19 FARM. ETC.)	21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e. ADDRESS	YES NO NO NO RED (ENTER NATURE OF INJURY CITY OR TOW death occurred on the data of the data of the data occurred on the data occurred occurred on the data occurred occurred on the data occurred o	IN CERTIFYING CAUS YES IN ITEM 18, PART 1 OR PART 1 N COUNTY 19 27c. DA	ST SIGNED
of Health and Mental Hygiene prior 21 is marked or Item 18 shows any	MEDICAL	21a. ACCIDENT WAS UNDERLORCONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE sow the deceased obove. (1) (we) (did) 22b. SIGNATURE	YING 21b. TI SE OF DEATH EXAMINER) 21e, PI (AT HO is hospitol) attend of did not) view the CL CTYPE OR PRINT) A. Najera	ME OF INJURY IR A.M. MONTH D P.M. ACE OF INJURY ME, STREET, FACTORY, OFFICE, led the deceased from, body offer death. 19 4, M.D.	DAY YEAR 19 FARM. ETC)	21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e. ADDRESS	YES NO NO NO NET OF INJURY CITY OR TOW death occurred on the dat	IN CERTIFYING CAUS YES IN ITEM 18, PART 1 OR PART 1 N COUNTY 19 27c. DA	STATE SIGNED

1100 the state of the s Olemen L. 'rs. Cynt la J. - oner, Childs, C. 21916 105 : win treet, Eliteon, d. 21922 TITLE THE DESIGN DESIGN SHAPE CONTROL OF THE SAME OF T - STATE REGISTRAR

4 RACE

Cecil

(IF YES, GIVE WAR OR DATES) 10/13-10/16

Unknown

E

LAST

White

76 CITIZEN OF WHAT COUNTRY

U.S.A.

RAYMOND

DECEASED NAME

Male

10 CITY OR TOWN OF DEATH

Perry Point

SUAL RESIDENCE (IF NURSING HOW

(STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

LTYPE OR PRINT

7a. BIRTHPLACE

COUNTRY

Virginia

Maryland

FATHER'S NAME

3 SEX

DEPARTMENT OF WEALTH AND MENTAL HYGIENE

STATE OF MARYLAND CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH 8:35p SPICER December 30, 1982 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1920 Sept 62 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED DIVORCED [Cecil County 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR VA Medical Center Perry Point, MD (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Unknown OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 613 S. Walnut St. 21901 North East 15. MOTHER'S MAIDEN NAME MIDDLE Unknown ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT 225-12-9908 VAMC Parry Point Maryland 21002

7991 IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	
	DUE TO, OR AS A CONSEQUENCE OF	

NOLX

21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH FIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY

Dec 30

220 I certify that X (this hospital) attended the deceased from.

saw the deceased alive an Dec 3U abave. ** (we) (did) (di**XX**1) view the body after death.

211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC)

Dec 26

DEGREE

CITY OR TOWN COUNTY

and that in (m) (our) opinion death accurred on the date and haur and from the causes stated

22d PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL

NOT WHILE

82

22e ADDRESS

ATTENDING

PHYSICIAN X DIRECTOR PHYSICIAN

Culpeper

KENNETH ROTHBAUM, M.D.

23c NAME OF CEMETERY OR CREMATORY

VA Medical Center Perry Point, MD 23d LOCATION

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART OR PART 2

Jan. 5.1983 Culpeper Nat'l Cem. Burial

236. DATE

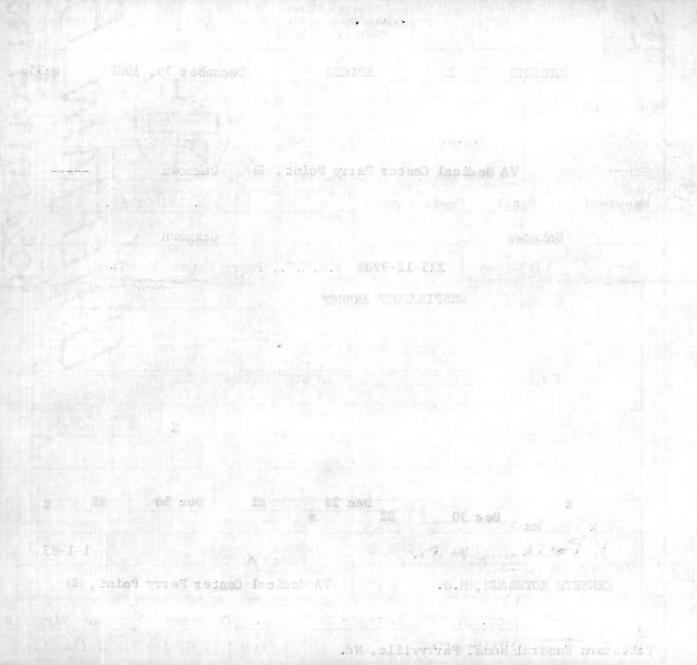
MEDICAL

Culpeper

22c. DATE SIGNED 1 - 1 - 83

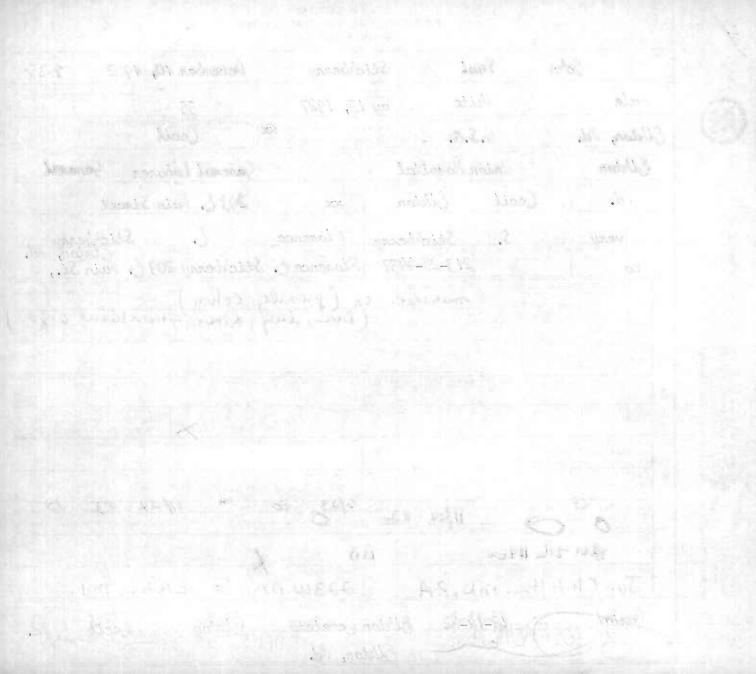
STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)



BP______ DHMH - 16 50M 1/81 (VRA 15, 4)

				HELDING	STATE OF MARYLAND		25-1 49-		
	1	FOR STATE		DEPARTMENT	OF HEALTH AND MENTAL HY	GIENE 8 2	3 2	2 1	
		REGISTRAR		CE	RTIFICATE OF DEATH	250.1			
	1. DE	CEASED NAME FIRS		MIDDLE LAST			REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 126 HOLLR		
	(TYP	E OR PRINTS John	Par	,1	Stichberry			20. 110 01	
	0.00				0	December		8.35° M	
	3. SE	A. A		4 RACE S. DATE OF BIRTH White DAY 27 YEAR		6. AGE (IN YEARS LAST BI			
		Male	Wh	ite M	MONTH 15, 1927 YEAR	55	ATS HOURS MIN.		
1	10 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.		9 BALTIMORE CITY	OR COUNTY OF DEATH	H	
14	8	Ekton Md.	11.	44	ARRIED NEVER MARRIED	X Col	cil		
_	10. C	ITY OR TOWN OF DEATH			DOWED DIVORCED	0-		MD.	
1	1/5	C11.	(IF NOT IN SUC	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FAGILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (PPPE OF WORK FOR MOST OF WORKING LIFE) 120. KIND OF BUSINESS OR (PPPE OF WORK FOR MOST OF WORKING LIFE) 110. KIND OF BUSINESS OR (PPPE OF WORK FOR MOST OF WORKING LIFE)			
2/		Clkton		r Hospital		general Lo	iborer y	eneral	
1	,USU.	AL RESIDENCE (IF NURSING HO.	WE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMIS	13d. INSIDE CITY LIMITS?	In STREET ADDRESS			
10		Md.	(ecil	Elkton	YES XX NO	203 C. No.	in Street		
	14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN N		701 0,0000		
70		A	WIDDLE	LAST	E / FIRST	MIDDLE	C !	LAST	
100	160 V	MAS DECEASED EVER IN U.S	A PANED FORCESS	166 SOCIAL SECURITY N	y Florence	ADDR	Stich	berry	
			S, GIVE WAR OR DATES)	213-28-4459	O. 17 INFORMANT			Rton, I'd.	
		no		213-20-4459	Horence E.	Stichberry	203 C. Mais	n St.,	
		18 CAUSE OF DEATH (Ent	er only one couse per	line for (a), (b), and (c)	£ .	1	APPI	ROXIMATE INTERVAL	
		PART I. DEATH WAS CA	DIATE CAUSE (o)	mutustatic	ca (Prinal	4 colon)	F. 10 20 1 2 (c)		
		1630			1 Bhri Que		itra abdou	Onlike)	
		Conditions, if any, which gove rise to immediate (b)							
m		couse (o), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF							
	(c)								
	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101							
	0								
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?		
-	TIFE					VES TO NOTE			
2	ER	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		NO 🗍	
7		OR CONTRIBUTING CAUSE O	WENTY!	HOUR A.M. MONTH DAY YEAR		TENTER INVIORE OF 1970	AT INTIEM TO PART I OR PART	2)	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM			19				
	WEL	21d. INJURY OCCURRED	21e. PLACE C	DF INJURY EET, FACTORY, OFFICE, FARM, ETI	21f. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE	
Н		AT WORK AT WORK					,		
		22a. I certify that (I) (this h	ospital) attended the		6/23 19 80	, to/	1/24 19 82	that (Us we) lost	
		sow the deceased alm above (I) (we) (did (di	9	1124 19 87	and that in (ay) (our) opinion	death occurred on the d	ate and hour and from		
		22b. SIGNATURE	now view the body i	orrer death.	DEGREE			ATE SIGNED	
		2M7	T HALL		ATTENDING	_ # MEDICAL _ STA	FF	412 3/0/420	
-		22d. PHYSICIAN'S NAME (T	- HILL			DIRECTOR PHYSIC	IAN 🗌		
1		T O I	(S		22e ADDRESS	CI			
		Jui-Chin	Hsu, m	O, P.A	223W.M	ain St. E	- Ikton, m.	d,	
	230 B	URIAL, CREMATION, REMO	AL 23b. DATE	23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION			
	(Buriat	12-1		, ,	CITY OR TOWN	COUNTY	STATE	
	20-1	NERAL DIRECTOR	LAINEDAL II	THE TUR	ton Cemetery	IERESTON	a Cecil	Ad.	
4		NAME 5 DEC	ALL ALL HIS	ADDRESS C	A TODE	C.S.O. 1385	Service Contraction	caucy	
				C	lkton, Md.	0	72		



- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

Ruiz

COUNTY

22c DATE SIGNED

12-20-82

STATE

Virginia

6:38p

IF UNDER 24 HRS

Walter Couter Per T Point, tib

Arc 20 12 19ec 20

VA Medical Conter Perry Points Int

ice d. Estimospasi confidenti in c. lergyille, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED . NEVER MARRIED

WIDOWED

20 DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

2b HOUR

9 BALTIMORE CITY OR COUNTY OF DEATH

12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING

MONTH

DAY

UNDER I YEAR

126. KIND OF BUSINESS OR

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

76 CITIZEN OF WHAT COUNTRY?

RACE

(IF YES, GIVE WAR OR DATES)

II CAUSE OF DEATH | Enter only ane cause per line for (a), (b), and (c)

arresT

DIVORCED

ADDRESS

PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). Conditions, if any, which gove rise to immediate cause (a), stoting the

underlying cause last.

19s DATE OF OPERATION

214 INJURY OCCURRED

I STATE CARDINE GA

WAS DECEASED EVER IN U.S. ARMED FORCES?

FOR

REGISTRAR DECEASED NAME

- STATE

THRE OF PRINTS

1 SEX

DUE TO, OR AS A CONSEQUENCE OF Cerebrovascular accident DUE TO, OR AS A CONSEQUENCE OF .

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

82

Cardiorespiratory

arteriosclerotic heart i vessel diseasc

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	1
210. ACCIDENT WAS UNDERLYING	T
OR CONTRIBUTING CAUSE OF DEATH	ı
(IF EITHER NOTIFY MEDICAL EXAMINER)	н

NOT WHILE AT WORK

716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

(AT HOME STREET FACTORY, OFFICE, FARM ETC.)

21f LOCATION STREET

22e ADDRESS

21c. HOW INJURY OCCURRED (ENTER NATURE OF NJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN

YES

STATE

NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

saw the deceased alive on. abave, (1) (we) (did) (did not) view the bady after death 77b. SIGNATURE

WHILE

_, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [

200 AUTOPSY?

22c DATE SIGNED

THE PHYSICIAN'S NAME (TYPE OR PRINT

236 DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

230 BURIAL, CREMATION, REMOVAL

22a | certify that (1) (this hospital) attended the deceased from

REC'D. BY REGISTRAR 256. REG

DHMH - 16 50M 1/81 (VRA 15, 4)

THE REPORT OF THE PROPERTY OF THE PARTY OF T AND THE PROPERTY OF THE PARTY O wind of the second of the second of the second

STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

DHMH - 16 50M 1/81 (VRA 15, 4)

IN CERTIFYING CAUSES OF DEATH? YES [NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my (aur) opinion death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED PHYSICIAN THECTOR PHYSICIAN 23a BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION Burial COUNTY Baltimore Jan.3,1983 Parkwood Cemetery Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Howard K. McComas III, Abingdon, Md. 21009

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR

17b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR

INDUSTRY

HARBOR

SAME

20 DATE OF DEATH

ARREST M. ARAD ARADINA CONTRACTOR the distribution of the second second

STATE OF MARYLAND

Chi. Dontgowery England a company to the 20825

Amstraton, 80.20393

recording the modernial terror, in these the fillers

12-11-12 Accom-cood femiliary Scooklyn, You York

2 X	1	FOR - STATE REGISTRAR		STATE OF MARYLAND TOF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8 2 3	3 2 2 1 6
moy be			4. RACE 5. 1	has Blood DATE OF BIRTH	20 DATE OF DEATH MONTH	OAY YEAR 26 HOUR 13 82 943 AM IF UNDER 1 YEAR IF UNDER 24 HIRS
Page 4 nerol direct nord hors fronce.	.≱a. B	Male IRTHPLACE (STATE OF FOREIGN COMPILE).	u.J.n.	MOTH - 2 TAY 3 4 YEAR ARRIED M NEVER MARRIED DOWNED DIVORCED	48 9 BALTIMORE CITY OR COUNT Cecil	Y OF DEATH
ours ofter de in by the fur in by the fur in by the fur in by the fur in this in the interior	3	ITY OR TOWN OF DEATH ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	11. NAME OF HOSPITAL, NURSING HI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE Union Hospe R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	OME OR OTHER INSTITUTION Ltal SSION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Supenvisor	126 KIND OF BUSINESS OR
within d 2 sho	130.	ATHER'S NAME Wilburn	Morth Eas Morth Eas Mipple Youngblood	13d. INSIDE CITY LIMITS? YES NO 12 15. MOTHER'S MAIDEN NA Audrey	132 STREET ADDRESS ide ME MIDDLE M.	Drive Reigher
be executed your and complex. Pages I and exp	160 \	VAS DECEASED EVER IN U.S. AF	2. 90ungkeood RMED FORCES? 166. SOCIAL SECURITY 233-50-94	NO. 17. INFORMANT	ADDRESS D	yside Dr.
requires that the death certificate en signed by the attending physici. Then please remove corban paper or to burial, cremation, or removal. y injury, or other traumatic event, the	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) VQ h + R CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEAT	Of Fibril	lation	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
YSICIAN. The low ding physicion. is certificate hos bei burial-transit permit Mental Hygiene prize them 18 shows any or item 18 shows any	AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIOENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER MOTHLY MEDICAL EXAMINED)	HOUR A.M. MONTH DAY	21c. HOW INJURY OCCUR	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO PART I OR PART 2)
or offending After this ce e as the buri alth and Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTEN nined by the hospital FUNERAL DIRECTOR. vold be detached for us the Store Dept. of He CORTANT: If them 21 is		sow the deceased alive an	of December 13:19 372 pt) view the body after death. The PRINT!	DEGREE ATTENDING PHYSICIAN 120 ADDRESS Mauldin A	MEDICAL STAFF DIRECTOR PHYSICIAN	12/13/82
BP		BURIAL CREMATION, REMOVAL SPECIFBURIAL UNERAL DIRECTOR Crouch Fun	12-16-82 Non	th East Meth Lh East, Met.	E REC'D. BY REGISTRAR 256 PEGIS	Cecil Md. TRAR'S SIGNATURE Cohil

Billy Aven made Then the Color of the Color Veryon Colone Filer Chafton Angel the State The Standard of the Standard o